

SCC eFile

**2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

213546220

1.) CORPORATION NAME:

DUE DATE: **11/30/2013****Life Technologies Corporation**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1808874****CORPORATION SERVICE COMPANY****Bank of America Center, 16th Floor
1111 East Main Street**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	400,000,000
PREFER	4,202,942
CONVPA	2,202,942

RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5791 VAN ALLEN WAY

CITY/ST/ZIP: CARLSBAD, CA 92008

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: MARK P STEVENSON
TITLE: PRESIDENT
ADDRESS: 5791 VAN ALLEN WAY
CITY/ST/ZIP/CO: CARLSBAD, CA 92008

☒

OFFICER

☐

DIRECTOR

NAME: DAVID F HOFFMEISTER
TITLE: SENIOR VP
ADDRESS: 5791 VAN ALLEN WAY
CITY/ST/ZIP/CO: CARLSBAD, CA 92008

☒

OFFICER

☐

DIRECTOR

NAME: DAVID H SMITH
TITLE: VP OF TREAS/TAX
ADDRESS: 5791 VAN ALLEN WAY
CITY/ST/ZIP/CO: CARLSBAD, CA 92008

☒

OFFICER

☐

DIRECTOR

NAME: GREGORY T LUCIER
TITLE: CHAIR, CEO
ADDRESS: 5791 VAN ALLEN WAY
CITY/ST/ZIP/CO: CARLSBAD, CA 92008

☒

OFFICER

☒

DIRECTOR

NAME: JOHN A COTTINGHAM
TITLE: SECRETARY
ADDRESS: 5791 VAN ALLEN WAY
CITY/ST/ZIP/CO: CARLSBAD, CA 92008

☒

OFFICER

☐

DIRECTOR

NAME: JOSEPH W. SECONDINE, JR
TITLE: ASST SECRETARY
ADDRESS: 5791 VAN ALLEN WAY
CITY/ST/ZIP/CO: CARLSBAD, CA 92008

☒

OFFICER

☐

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID L SZEKERES ASST SECRETARY 5791 VAN ALLEN WAY CARLSBAD, CA 92008	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE F ADAM JR DIRECTOR 5791 VAN ALLEN WAY CARLSBAD, CA 92008	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RAYMOND V DITTAMORE DIRECTOR 5791 VAN ALLEN WAY CARLSBAD, CA 92008	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONALD W GRIMM DIRECTOR 5791 VAN ALLEN WAY CARLSBAD, CA 92008	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BALAKRISHNAN S IYER DIRECTOR 5791 VAN ALLEN WAY CARLSBAD, CA 92008	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RONALD A MATRICARIA DIRECTOR 5791 VAN ALLEN WAY CARLSBAD, CA 92008	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CRAIG MUNDIE DIRECTOR 5791 VAN ALLEN WAY CARLSBAD, CA 92008	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PER A PETERSON DIRECTOR 5791 VAN ALLEN WAY CARLSBAD, CA 92008	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID U'PRICHARD DIRECTOR 5791 VAN ALLEN WAY CARLSBAD, CA 92008	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ DAVID L SZEKERES SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DAVID L SZEKERES, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	10/2/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			